



STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

INFORMATIONAL LETTER NO. 762

DATE: October 27, 2008

TO: Iowa Medicaid Medical Supply Providers and Pharmacies

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: Incontinence Products

EFFECTIVE: November 1, 2008

This is to advise of a change in policy regarding incontinence products, to clarify coverage and inform of a fee schedule review.

- Disposable underpads (e.g. Chux) and reusable underpads are no longer limited to members who are nonambulatory.
- Product combinations and maximum quantities are specified in the chart below.
- Effective November 1, 2008, an invoice should be submitted with claims for reusable underpads, T4537 and T4540.

Incontinence products are covered when:

- They are prescribed and determined to be appropriate for a member who has lost complete control over bowel or bladder function, *and*
- A bowel/bladder training program was not successful (or is contraindicated), *and*
- The member is four years of age or older.

Incontinence products are not covered for stress, urge or overflow incontinence.

The IME is in the process of reviewing the fees for incontinence products to determine current reasonableness. Providers are reminded to submit their usual charge when billing Medicaid. Effective November 1, 2008, reimbursement for reusable underpads, T4537 and T4540 will be at the manufacturer's suggested retail price on the invoice less 15 percent.

For all other products, Iowa Medicaid fees are adequate to allow for at least a moderate performance product that should meet the needs of 95% of Medicaid members, even at quantities significantly below the limits.

Category definitions

The maximum units noted in the following table indicate the maximum units that can be provided in a 90-day period when no other incontinence products are used. For example, a member may receive 1080 diapers in a 90-day period when this member does not also use liners, or pull-ons. If a member uses diapers and pull-ons, these maximum units do not apply.

Category	Description	Codes	Maximum units
A	Diaper/Brief	T4521 T4522 T4523 T4524 T4529 T4543	1080 per 90 day supply
B	Liner/shield/guard/pad	T4535	450 per 90 day supply
C	Pull-on	T4525 T4526 T4527 T4531	450 per 90 day supply
D	Disposable underpads	A4554	600 per 90 day supply
E	Reusable underpads	T4537 T4540	48 per 12 months

Category combination maximums

The maximum units in the following table indicate the maximum units that can be provided in a 90-day period when a combination of incontinence products are used.

Category Combinations	Total maximum of combined products per 90 day supply	Individual maximums within combined maximum
A and B	1080	Category B= 450 max
B and C	450	N/A
A and C	1080	Category C= 450 max
A and B and C	1080	Category B and C= combined max of 450
A and D	1260	Category A= 1080 max Category D= 180 max
B and/or C with D	630	Category B &/or C= 450 max Category D= 180 max
E (T4537 and 4540)	48	48 max

A maximum of 48 reusable bed pads and chair pads, codes T4537 and T4540, are allowed per year in addition to the individual or combined disposable product maximums above.

The limits were established based upon quantities that would normally be required by a person with incontinence. Medicaid, however, covers quantities that are medically necessary. Just as some individuals may require less than the norm, others may require more. When more than the normal limits are medically necessary, documentation, including the failure of other modalities or treatments and a description of the member's medical condition related to the incontinence, must be submitted with the claim. Examples of such situations include prescribed diuretics, bowel medications, or a history of skin problems. The "GD" modifier for "normal quantities exceeded" should be used when quantities billed have exceeded limits and the documentation supports the medical necessity.

The "GD" modifier cannot be used with reusable underpads. Reusable underpads are washable and therefore should not be necessary in additional quantities.

If you have any questions, please contact IME Provider Services, 1-800-338-7909, locally 515-725-1004 or by e-mail at imeproviderservices@dhs.state.ia.us